MARYLAND STATE DEPARTMENT OF HEALTH

10196

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: St. Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryelnd; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California; STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Junior (Middle) Jennings (Last) Allen

4. DATE OF DEATH: (Month) 10/ (Day) 7/ (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10/22/1908

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack Allen

14. MOTHER'S MAIDEN NAME: Lucy Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: Sybil Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John [illegible] M.D. (Degree or title) ADDRESS: Leighton Park, Md. DATE SIGNED: 10/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 10/10/51; NAME OF CEMETERY OR CREMATORY: Ceder Hill Cemetery; LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 10/9/51; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: P.B. Robinson ADDRESS: Leonardtown, Md.

970-246

VS-A15A

RECEIVED
OCT 11 1951
BUREAU V. S.

10197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Dameron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Joseph (First) Infant Boy (Middle) Ignatius (Last) Biscoe

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1951

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-15-51
9. AGE last birthday 1 days
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Ignatius Biscoe
14. MOTHER'S MAIDEN NAME Christine Sexton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ignatius Biscoe - Dameron Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	1 day
763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
107	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 10-16, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beany M.D. ADDRESS Great Mills, Md. DATE SIGNED 10-17-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/18/51
NAME OF CEMETERY OR CREMATORY St. James Cem
LOCATION (City, town, or county) St. James, Md. (State)
DATE REC'D BY LOCAL REG. 10-17-51
REGISTRAR'S SIGNATURE P.J. Beany M.D.
24. FUNERAL DIRECTOR S.B. Robinson ADDRESS Leonardtown Md.

200151142363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1951
BUREAU V. S.

10198

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Thomas (Last) Combs

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug 9-1874 | 9. AGE Last birthday: 77 yrs. | If under 1 year: Months 2 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer on own | 10b. KIND OF BUSINESS OR INDUSTRY: Farmer | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Combs | 14. MOTHER'S MAIDEN NAME: Nannie Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Jos Edmund Combs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 2 hrs

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 8 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 45, to Oct 15, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P.J. Beam M.D. | ADDRESS: Great Mills, Md. | DATE SIGNED: 10-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 17 1951 | NAME OF CEMETERY OR CREMATORY: Holy Trees | LOCATION (City, town, or county) (State): Great Mills St Marys Md

DATE REC'D BY LOCAL REG.: 10-15-51 | REGISTRAR'S SIGNATURE: P.J. Beam M.D.

24. FUNERAL DIRECTOR: Jos C. Mattingley | ADDRESS: Leonardtown Md

100-105

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10199

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville — LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St Mary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Margaret	LYON	OCTOBER	12	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White		Oct 8 - 1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Her Family	Charles Co	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Thompson	Sarah Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	no	Mrs Dora Thompson Mechanicsville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) NEOHRO-SCLEROSIS (RENAL FAILURE)	3 MONTHS
442X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO VASCULAR DISEASE	4 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 14 YEARS

360X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from SEPT. 14, 1947, to OCT. 13, 1951, that I last saw the deceased alive on OCT. 11, 1951, and that death occurred at 8 50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Md.	10/13/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/15/51	All Faith	Charlotte Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-13-51	M. L. Moore	Hewitt & Ryan	

RECEIVED
OCT 15 1951
BUREAU U. S.

10200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eleanora (Middle) P. (Last) Pilkerton
4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 11-1877
9. AGE last birthday 74 yrs. If under 1 year Months — Days 11 If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Thomas Pilkerton
14. MOTHER'S MAIDEN NAME Mary E. Tippett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Marie Hanger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X Immediate cause (a) Carcinoma gall bladder — INTERVAL BETWEEN ONSET AND DEATH 6 mos

46P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1957
19b. MAJOR FINDINGS OF OPERATION Carcinoma Gall bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1957, to Oct 21, 1957, that I last saw the deceased alive on Oct 21 1957, and that death occurred at 8.45 p.m., from the causes and on the date stated above.

SIGNATURE Roy Luther (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED 10/23/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 24 1957
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood (State) Maryland

DATE REC'D BY LOCAL REG. 10/23/57
REGISTRAR'S SIGNATURE Cancelier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) A. (Last) PalMerton

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/24-1869

9. AGE last birthday: 81 yrs. If under 1 year: Months 10, Days 8, Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph PalMerton

14. MOTHER'S MAIDEN NAME: Elenora PalMerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Archie PalMerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	
422.1 Antecedent cause(s)	(b) Arterio-sclerotic cardiovascular disease	10 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Oct 4, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 2.00 A.m., from the causes and on the date stated above.

SIGNATURE Coy Snyder (Degree or title) M.D ADDRESS Mechanicsville DATE SIGNED 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct 6-1951 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Bush Wood St Marys Md

DATE REC'D BY LOCAL REG. 10/4/51 — REGISTRAR'S SIGNATURE Carmalee

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10202

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.-A15.

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico; LENGTH OF STAY (in this place) 20 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) W. (Last) Quade

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months 2, Days 9; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: George W. Lacey

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: George L. Quade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset and Death: 24 hrs

Antecedent cause(s) (b) Auricular fibrulation — 4 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) arteriosclerosis — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 19 51, to Oct 9, 19 51, that I last saw the deceased alive on Oct 9, 19 51, and that death occurred at 9.25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm D Boyd MD — ADDRESS: Leonardtown — DATE SIGNED: Oct 10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 12-1951 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Bushwood St Marys Md

DATE REC'D BY LOCAL REG.: 10/11/51 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Maryland

764-826

10203

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trent Hall
STREET ADDRESS (If rural, give location) Mechanicsville R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) (Last) Raley

4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH April 17 1863
9. AGE last birthday 88 yrs. If under 1 year Months 6 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tent Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Raley
14. MOTHER'S MAIDEN NAME Jane Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS B. Clyde Raley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

610 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. arteriosclerosis -

97 (c) Prostatic hypertrophy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Oct 20, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE J. Roy Gunther, MD (Degree or title) ADDRESS Mechanicsville DATE SIGNED 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 24 1951
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) (State) Morganza St Marys Md

DATE REC'D BY LOCAL REG. 10/21/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C Mattingley ADDRESS Leonardtown Md

100-105

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 23 1951
BUREAU V. S.

10204

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28V

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) Etta (Last) Watts

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov 1 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months 10 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Greenwell

14. MOTHER'S MAIDEN NAME: Rose Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Edward Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis — 8 years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

450.0 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur — 8 weeks

19a. DATE OF OPERATION: Aug 22/51

19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture right femur

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Oct 19, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 9.15 P.m., from the causes and on the date stated above.

SIGNATURE: P J Bean MD (Degree or title) — ADDRESS: Great Mills Md — DATE SIGNED: 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 22 1951 — NAME OF CEMETERY OR CREMATORY: St George — LOCATION (City, town, or county) (State): Valley Lee Maryland

DATE REC'D BY LOCAL REG.: 10/21/51 — REGISTRAR'S SIGNATURE: Carmalee

24. FUNERAL DIRECTOR: Joe C Mattingley — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 23 1951
BUREAU V. S.